DMR SITE-LEVEL INCIDENT REPORT: INITIAL REPORT

(* = Mandatory Field)

FILING AGENCY INFORMATION:

*(1) Filing Agency:

*(2A) Address:

(2B) City: (2C) State: (2D) Zip Code:

(2E) Phone:

*(3) Staff completing Report:

(4) Staff Responsible for Incident Follow-up:

*(5A) Date Incident Discovered: *(5B) Time Incident Discovered:

(6) Complete only if known
(6A) Date Incident Occurred: (6B) Time Occurred:

*(7) Did staff directly observe the incident? □YES □NO □UNKNOWN
*(8) Was supervision at the time of the incident being provided as assigned? □YES □NO

(9) Responsible Site:

(10) Area Office with Primary Responsibility for the Site:

*(11) Incident Description (Include dates, times, and **all people involved** including staff. Include all relevant details prior to, during and after the incident):

*(12) What is the most recent status of the individuals?

PROVIDER NAME: _____

(13) SITE-LEVEL INCIDENT CLASSIFICATION: **Select one**

(1) Fire □ Known Origin - Started by Individual □ Known Origin - Not Started by Individual □ Fire – Source Unknown (2) Suspected Mistreatment □Alleged Omission – Failure to Provide Needed Supports □Alleged Omission – Failure to Provide Needed Supervision	(3) □ Theft – Alleged Victim (4)Transportation Accident □Private Vehicle □Other (5)□ Emergency Relocation (6) □ Other

(14) Is there an Injury? □NO **If You Answer This Question "Yes", You Need To File an Individual Incident Report, Not A Site-Level Incident Report Form.**

*(15) Actions Taken to Protect Health/Safety/Rights of the Individual:

_____

_____

_____

(16) Treatment Provided By: **Check all that apply**

□Self/Family	□Staff (non-medical licensed)
□LPN, RN, NP	□EMT
□MD's Office	□ER/Crisis Team (no admission)
□PCA	□Other
□None	□N/A

(17) Location of Incident: **Check one**

□Individual's Residence	□Family Residence	□Residential Setting-Other	□Respite
□School	□Day Service	□Work Site	□DMR Facility
□Hospital	□Community	□Vehicle	□Other
□Unknown			

(18) If Other, Specify:_____

(19) Location Detail: **Check one**

□Bedroom	□Dining Area	□Living Area	□Kitchen	□Bathroom	□Common Area	□Yard
□Public Area	□Laundry Area	□Stairs or Stairwell	□Basement	□Work Area	□Vehicle	
□Outdoors Area		□Other	□Unknown			

(20) If Other, Specify:_____

*(21) Site Location of Incident (address):_____

_____

_____

(22) Location Name and address, if any:_____

_____

DMR SITE-LEVEL INCIDENT REPORT: INITIAL REPORT - continued

PROVIDER NAME: _____

*(23) People Involved with Incident: (Add additional sheets as needed)

*(23A) Name	*(23B) Relationship **Select all that apply**	*(23C) Involvement **Select all that apply**	(23D) Telephone

Reporting Provider Staff
Non-Reporting Provider Staff
Individual/Consumer
Friend
Relative
Volunteer
General Public
Other

Eyewitness
Filled Out Paper Report
Reported Incident
Discovered/First Made aware of Incident

*(24A) Signature of Reporter:

*(24B) Position:

*(24C) Telephone:

*(24D) Date/Time of Report: Date Time

(25) Has Family/Guardian Been Notified?: ☐YES ☐ NO ☐Will Notify ☐N/A

*(26) Was D.P.P.C. Notified: ☐YES ☐NO

*(27) Was Law Enforcement Involved: ☐YES ☐NO

(28) Updated Information:

*(29A) Name of Supervisor:

*(29B) Position:

*(29C) Signature of Supervisor:

(29D) Telephone: (29E) Date/Time of Review: Date Time

DMR SITE-LEVEL INCIDENT REPORT: FINAL REPORT

PROVIDER NAME: _____

*(30) Are There Additional Action Steps for this Incident: □Yes □No

(31A) Action Step:	(31B) Targeted Completion Date:	(31C) Responsible Party:

Extension Information: (32) Expected Completion Date: [ ]

(32A) Reason For Extension: _____

*(33) FOR FINAL REPORT: People Involved with Incident: (Add additional sheets as needed)

*(33A) Name	*(33B) Relationship **Select all that apply**	*(33C) Involvement **Select all that apply**	(33D) Telephone

Reporting Provider Staff
Non-Reporting Provider Staff
Individual/Consumer
Friend
Relative
Volunteer
General Public
Other

Eyewitness
Filled Out Paper Report
Reported Incident
Discovered/First Made aware of Incident

Verification of the Following Initial Report Information

*(34) Initial Report Information is Correct to the Best of My Knowledge:
□Yes, If Yes, Skip this section.
□No, If No, Describe any Updated or Corrected Information below and answer all applicable questions:
(35)Narrative:_____

(36) Date and Approximate Time Incident Discovered: Date [ ] Time [ ]

(37) Date and Time Incident Occurred (if known): Date [ ] Time [ ]

(38) Primary Category of Incident: [ ]
See List at #13

(39) Secondary Category of Incident: [ ]
See List at #13

(40) Did staff directly observe the incident? □YES □NO □UNKNOWN
(41) Was supervision at the time of the incident being provided as assigned? □YES □NO
(42) Has Family/Guardian Been Notified?: □YES □ NO □Will Notify □N/A
(43) Was D.P.P.C. Notified: □YES □NO
(44) Was Law Enforcement Involved: □YES □NO

PROVIDER NAME: _____

*(45A) Name of person finalizing report:

*(45B) Position:

*(45C) Signature:

(45D) Telephone:

(45E) Date/Time of Review:

DATE TIME

DMR SITE-LEVEL INCIDENT REPORT: MANAGEMENT REVIEW (this page to be completed by DMR)

PROVIDER NAME:_____

*(46) Area Office/Facility Review Completed By:

*(47) Position:

*(48) Should this Minor Review Incident be Treated as a Major Review Incident: ☐YES ☐NO ☐N/A

*(49) Review Status: ☐Approved ☐Not Approved

(50) Primary Reason For Non-Approval:
☐Inadequate Action Steps
☐Incorrect Categorization
☐Additional Information Needed
☐Other

(51) Follow Up Date if Not Approved:

(52) Comments Recommendations:

(53) Date Closed:

(53A) Closed By: (53B) Position:

Management Review for Major Incidents – Regional Office/Asst. Comm. Facilities Review

*(54) Regional Office/Asst. Comm. For Facilities Review Completed By:

*(55) Position:

*(56) Review Status: ☐Approved ☐Not Approved

(57) Primary Reason For Non-Approval:
☐Inadequate Action Steps
☐Incorrect Categorization
☐Additional Information Needed
☐Other

(58) Follow Up Date if Not Approved:

(59) Comments Recommendations:

(60) Date Closed:

(61A) Closed By: (61B) Position: